

**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Program Name:	YMCA SACC at Derynoski School	Date of Inspection:	3.7.25	Time of Arrival:	3:05 pm
Address:	240 Main St.	License Number:	15707	Expiration Date:	2/28/26
Town:	Southington 06489	Telephone Number:	475-316-7451	Summer Care:	Closed
Operator:	Southington cheshire Comm. YMCA	# of Staff Present:	6	# over 3 Present:	36
Email:	ncharnysh@sccymca.org	Total Capacity:	80	Total Under 3 capacity:	0
Designated Director:	Nicholas Charnysh	Hours/Days of Operation:	M-F 630-830 am 300-600 pm		

Instruction Codes: N/A = Not applicable at this time √ = Regulation in Compliance O = Regulation not in Compliance

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a cont.

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 1/19/24	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records			
<p>ADMINISTRATION 19a-79-3a</p> <p>Ensuring health & safety of children</p> <p>Overall management of program</p> <p>Employee orientation for new program staff</p> <p>Annual policy training for program staff</p> <p>Child behavior management</p> <p>Documentation that parents were informed of behavior management techniques</p> <p>Child Protection</p> <p>Mandated Reporting</p> <p>Notification of Change</p> <p><u>POLICIES-COMLETE/IMPLEMENTED</u></p> <p>Discipline policy</p> <p>Child Protection policy</p> <p>Closing time policy</p> <p>Medical emergency policy</p> <p>Multi-Hazards policy-annual drill</p> <p>Supervision policy</p> <p>General Operating policies</p> <p>Administrative Oversight policy</p> <p>Personnel policies</p> <p>Daily attendance-children/staff- keep 1 yr.</p> <p><u>ACCESS</u></p> <p>Immediate access by parents</p> <p>Immediate access by OEC-facility/records</p> <p>2.8 yr olds enrolled in preschool-authorization</p> <p>Motor vehicle laws-transportation</p> <p>Capacity</p> <p>Respond to OEC-no false, misleading statements or documents</p> <p><u>POSTINGS</u></p> <p>License posted</p> <p>OEC Complaint Procedure posted</p> <p>Menus posted</p> <p>No Smoking posted signs at entrances</p> <p>OEC Inspection report posted or available</p> <p>Developmental Milestones posted</p>			<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions			
			<input checked="" type="checkbox"/> 2.	(a)		<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
			<input checked="" type="checkbox"/> 3.	(b)		<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance
			<input checked="" type="checkbox"/> 4.	(b)(6)		<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
			<input checked="" type="checkbox"/> 5.	(b)(6)		<input checked="" type="checkbox"/> 24.	(d)(1)	Designated head teacher-approved-60%
			<input checked="" type="checkbox"/> 6.	(b)(7)(A)		<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
			<input checked="" type="checkbox"/> 7.	(b)(7)(B)		<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
			<input checked="" type="checkbox"/> 8.	(b)(7)(C)		<input checked="" type="checkbox"/> 27.		<u>RATIOS</u>
			<input checked="" type="checkbox"/> 9.	(b)(7)(E)		<input checked="" type="checkbox"/> 28.	(d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
			<input checked="" type="checkbox"/> 10.	(c)(1-4)		<input checked="" type="checkbox"/> 29.	(d)(4)(B)	Mixed age group-ratios
			<input checked="" type="checkbox"/> 11.			<input checked="" type="checkbox"/> 30.	(d)(6)	Nap time ratio
			<input checked="" type="checkbox"/> 12.	(d)(2)(A)		<input checked="" type="checkbox"/> 31.	(d)(4)(D)	Supervision-Indoors/Outdoors
			<input checked="" type="checkbox"/> 13.	(d)(2)(B-C)		<input checked="" type="checkbox"/> 32.	(d)(5)	<u>GROUP SIZE</u>
			<input checked="" type="checkbox"/> 14.	(d)(3)		<input checked="" type="checkbox"/> 33.	(d)(5)(A)	Group Size-Indoors/Outdoors
			<input checked="" type="checkbox"/> 15.	(d)(4)(A)		<input checked="" type="checkbox"/> 34.	(d)(5)(B)	Group Size-school age field trips/outdoors
			<input checked="" type="checkbox"/> 16.	(d)(4)(B)		<input checked="" type="checkbox"/> 35.	(e)(1)	Mixed age group-group size
			<input checked="" type="checkbox"/> 17.	(d)(4)(C)			(f)(1)	Designated director-training
			<input checked="" type="checkbox"/> 18.	(d)(6)(C)			(f)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 19.	(d)(7)				First aid certified program staff			
<input checked="" type="checkbox"/> 20.	(d)(1)				<u>PROFESSIONAL DEVELOPMENT</u>			
<input checked="" type="checkbox"/> 21.	(f)				Documentation			
<input checked="" type="checkbox"/> 22.	(h)				Health & Safety training			
<input checked="" type="checkbox"/> 23.	(l)				1% annual hours			
<input checked="" type="checkbox"/> 24.	(m)				<u>SWIMMING ACTIVITIES - Y/N</u>			
<input checked="" type="checkbox"/> 25.	(n)				Swimming-Ratios			
<input checked="" type="checkbox"/> 26.	(o)				Non-swimmers identified			
<input checked="" type="checkbox"/> 27.	(e)(1)				CPR certified staff-age 20 or older			
<input checked="" type="checkbox"/> 28.	(e)(2)				Lifeguard-certified-supervising			
<input checked="" type="checkbox"/> 29.	(e)(3)				<u>CONSULTANTS</u>			
<input checked="" type="checkbox"/> 30.	(e)(4)				Consultants-Education, Health, Social Service, Dietitian (N/A)			
<input checked="" type="checkbox"/> 31.	(e)(5)				Consultant agreements-signed annually			
<input checked="" type="checkbox"/> 32.	(e)(6)				Agreements complete w/required services			
<input checked="" type="checkbox"/> 33.	(e)(6)				Consultant logs-documented activities, observations and required services			
<input checked="" type="checkbox"/> 34.	(i)				Consultant visits- Education/Health			
<input checked="" type="checkbox"/> 35.	(i)(2)(A-H)							
	(F)							
	(i)(2)							
	(H)(i)-(I)(i)							

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	n/a	n/a	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME: YMCA SACC at Derynoski School LICENSE NUMBER: 15707 DATE OF INSPECTION: 3-7-25

RECORD KEEPING 19a-79-5 PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 36. (a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72. (d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 37. (a)(1)(D)(i)	PARENT PERMISSIONS	<input checked="" type="checkbox"/> 73. (d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/> 74. (d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/> 75. (d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/> 76. (d)(5)	Overhead doors-locking devices, spring protectors N/A
<input checked="" type="checkbox"/> 38. (a)(2)(A-B)	Transportation permission	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39. (a)(2)(C)	Child Health Records	<input checked="" type="checkbox"/> 78. (d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 40. (a)(2)(E)	Immunization records	<input checked="" type="checkbox"/> 79. (d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41. (a)(3)(A)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 80. (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42. (a)(3)(B)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 81. (d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 82. (d)(10)(A)	TOILETING
<input checked="" type="checkbox"/> 44. (a)(3)(D)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> (d)(10)(B)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 45. (a)(4)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> (d)(10)(C)	Toileting needs met
	Video recordings- keep 30 days	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
		<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:16
		<input checked="" type="checkbox"/> (d)(10)(E)	Required toilets/sinks-1:25 schl age only
		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
		<input checked="" type="checkbox"/> (d)(10)(F)	Handwashing staff/children
		<input checked="" type="checkbox"/> (d)(10)(G)	Toilets/sinks located-at the facility or licensed premises
		<input checked="" type="checkbox"/> (d)(10)(H)	Well lighted/ventilated toilet rooms
		<input checked="" type="checkbox"/> (d)(11)	Mechanical ventilation (Grp Homes N/A)
		<input checked="" type="checkbox"/> (e)(1)	Staff personal articles inaccessible
		<input checked="" type="checkbox"/> (e)(1)	AIR TEMPERATURE
		<input checked="" type="checkbox"/> (e)(2)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
		<input checked="" type="checkbox"/> (e)(3)	Air temp <65°F comfortable (Schl age only-N/A)
		<input checked="" type="checkbox"/> (e)(4)	Air temp > 80 °F - ↑ fluids/ventilation
		<input checked="" type="checkbox"/> (e)(5)	Water temperature 60 °F – 120 °F
		<input checked="" type="checkbox"/> (e)(6)	Portable space heaters prohibited
		<input checked="" type="checkbox"/> (e)(7)	Walls/ceilings/floors/rugs-clean/good repair
		<input checked="" type="checkbox"/> (e)(7)	Rugs- not tripping/slipping hazard
		<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
		<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
		<input checked="" type="checkbox"/> (e)(8)	Emergency numbers posted-adjacent to phones
		<input checked="" type="checkbox"/> (e)(9)	Parents provided direct on site phone number
		<input checked="" type="checkbox"/> (e)(9)	LIGHTING
		<input checked="" type="checkbox"/> (e)(10)	All areas min. 1 foot candle of lighting
		<input checked="" type="checkbox"/> (e)(11)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
		<input checked="" type="checkbox"/> (e)(12)	Schl age only-lighting for comfort
		<input checked="" type="checkbox"/> (e)(13)	Light fixtures shielded/shatter proof
		<input checked="" type="checkbox"/> (e)(14-15)	Potentially hazardous substances, materials – labeled, inaccessible
		<input checked="" type="checkbox"/> (e)(16)	Garbage/rubbish-disposed of daily, containers in good repair
		<input checked="" type="checkbox"/> (e)(17)	Stairs-protected/good repair-handrails
		<input checked="" type="checkbox"/> (e)(18)	Toxic plants/materials inaccessible
		<input checked="" type="checkbox"/> (f)(1)(A)	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/> (g)(1)	Prevention of vermin-openings screened
		<input checked="" type="checkbox"/> (g)(2)	Radon test- Results: _____ N/A
		<input checked="" type="checkbox"/> (g)(3)	Results posted-Date: _____ (Schls-N/A)
		<input checked="" type="checkbox"/> (g)(4)	Carbon monoxide detector-each level N/A
			Program space-adequate-35 sq. ft. per child
			Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
			Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
			Air conditioners, water heaters, fuse boxes inaccessible
			Developmentally app equipment, materials

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46. (a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	<input checked="" type="checkbox"/> 83. (d)(11)	
<input checked="" type="checkbox"/> 47. (a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 84. (e)(1)	
<input checked="" type="checkbox"/> 48. (a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 85. (e)(3)	
<input checked="" type="checkbox"/> 49. (a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> 86. (e)(4)	
<input checked="" type="checkbox"/> 50. (a)(5)	Food Service Inspection N/A	<input checked="" type="checkbox"/> 87. (e)(5)	
<input checked="" type="checkbox"/> 51. (a)(6)	Kitchen-clean, safe storage of food/supplies N/A	<input checked="" type="checkbox"/> 88. (e)(5)	
<input checked="" type="checkbox"/> 52. (a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 89. (e)(6)	
<input checked="" type="checkbox"/> 53. (a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 90. (e)(7)	
<input checked="" type="checkbox"/> 54. (a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> 91. (e)(7)	
<input checked="" type="checkbox"/> 55. (a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> 92. (e)(7)	
<input checked="" type="checkbox"/> 56. (a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> 93. (e)(7)	
<input checked="" type="checkbox"/> 57. (b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 94. (e)(7)	
<input checked="" type="checkbox"/> 58. (b)(2)	Designated isolation area		
<input checked="" type="checkbox"/> 59. (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips		
<input checked="" type="checkbox"/> 60. (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier		
<input checked="" type="checkbox"/> 61. (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags		

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62. (a)(2)	Fire marshal codes/certificate <u>8124124</u>	<input checked="" type="checkbox"/> 95. (e)(10)	
<input checked="" type="checkbox"/> 63. (b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 96. (e)(11)	
<input checked="" type="checkbox"/> 64. (b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 97. (e)(12)	
<input checked="" type="checkbox"/> 65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 98. (e)(13)	
<input checked="" type="checkbox"/> 66. (c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 99. (e)(14-15)	
<input checked="" type="checkbox"/> 67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) N/A	<input checked="" type="checkbox"/> 100. (e)(16)	
<input checked="" type="checkbox"/> 68. (c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 101. (e)(17)	
<input checked="" type="checkbox"/> 69. (c)(5)(A)	WATER SUPPLY – Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> 102. (e)(18)	
<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test – Date: _____ N/A	<input checked="" type="checkbox"/> 103. (f)(1)(A)	
<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ N/A	<input checked="" type="checkbox"/> 104. (g)(1)	
<input checked="" type="checkbox"/> 70. (c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/> 105. (g)(2)	
<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT -	<input checked="" type="checkbox"/> 106. (g)(3)	
<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint – Y/N Inside/Outside	<input checked="" type="checkbox"/> 107. (g)(4)	
<input checked="" type="checkbox"/> 71. (d)(1)	Building Pre-78: Y/N Lead Test: Y/N		
	Results <u>management plan</u>		
	Lead Management Plan <u>twice per year</u>		
	Emergency vehicle access		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME	YMCA SACC at ^{Derynoski} School	LICENSE NUMBER	15707	DATE OF INSPECTION	3.7.25
---------------------	--	-----------------------	-------	---------------------------	--------

PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
---------------------------------------	--

<input checked="" type="checkbox"/> 108. <input checked="" type="checkbox"/> 109. <input checked="" type="checkbox"/> 110. <input checked="" type="checkbox"/> 111.	(g)(5) (g)(6) (j) (h)(1) (h)(2) (h)(3) (h)(4) (h)(5) (h)(6) (h)(8) (h)(9)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm OUTDOOR SPACE Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert playg. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous OUTDOOR PROTECTED/FENCING Playground protected from traffic, water, gullies or other hazards Fences installed to protect from hazards-4 ft self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier N/A WATER HAZARDS Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 N/A Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible N/A	<input type="checkbox"/> 129. <input type="checkbox"/> 130. <input type="checkbox"/> 131. <input type="checkbox"/> 132. <input type="checkbox"/> 133. <input type="checkbox"/> 134. <input type="checkbox"/> 135. <input type="checkbox"/> 136.	(f)(1) (f)(2) (f)(3) (f)(4) (g)(1) (g)(1) (g)(1) (g)(2) (g)(3) (g)(4) (g)(5) (g)(6) (g)(7) (g)(8) (h)(1) (h)(1) (h)(2) (h)(2) (i)(1)(2A-C) (j) (k)(1) (k)(2) (k)(3) (k)(4) (k)(5) (l)(1) (l)(2) (l)(3)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP Under 12 mths placed on back for sleeping Crib-slug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 ¼ " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft lic. after 1/1/25 Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety
--	---	---	--	---	---

EDUCATIONAL REQUIREMENTS 19a-79-8a	
---	--

<input checked="" type="checkbox"/> 115. <input checked="" type="checkbox"/> 116.	(a) (a) (1)-(11) (b)	Written daily/weekly educational plan-developmentally appropriate EDUCATIONAL REQUIREMENTS Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity Limited access to screen time/video games	<input type="checkbox"/> 137. <input type="checkbox"/> 138. <input type="checkbox"/> 139.	
--	-----------------------------------	---	---	--

UNDER THREE ENDORSEMENT 19a-79-10 Y/N	SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N
--	---

<input type="checkbox"/> 117. <input type="checkbox"/> 118. <input type="checkbox"/> 119. <input type="checkbox"/> 120. <input type="checkbox"/> 121. <input type="checkbox"/> 122. <input type="checkbox"/> 123. <input type="checkbox"/> 124. <input type="checkbox"/> 125. <input type="checkbox"/> 126. <input type="checkbox"/> 127. <input type="checkbox"/> 128.	(b) (c)(2) (c)(3) (c)(4) (d)(1)(A-C) (d)(2)(Ai-iii) (d)(2)(B) (d)(2)(C) (d)(2)(D) (d)(2)(E) (d)(3)(A-C) (e)(1) (e)(2) (e)(3) (e)(4) (e)(5) (e)(6)(9) (e)(7) (e)(8) (e)(10)(A-C)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-max 8 (6wks-24mths), max 10 (24-36mths) Physical barriers- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs-in compliance w/CPSC (manf. after 6/28/11) Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free DIAPERING Diaper area: elevated/sturdy/safety rail Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed	<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141. <input checked="" type="checkbox"/> 142. <input checked="" type="checkbox"/> 143. <input checked="" type="checkbox"/> 144. <input checked="" type="checkbox"/> 145. <input checked="" type="checkbox"/> 146.	(b) (c) (c)(1) (c)(2) (c)(3) (d) (e) (f) (g)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30 4 yr. olds enrolled in schl age-written authorization/permission from director/parent Head teacher approved- 60%
--	--	---	--	--	---

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME	YMCA SACC at Derynaski School	LICENSE NUMBER	15707	DATE OF INSPECTION	3.7.25
---------------------	-------------------------------	-----------------------	-------	---------------------------	--------

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
--	---

- 147. (b) Approved Night Care Endorsement
- 148. (b)(1) Person in charge-head teacher
- 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities
- 150. (b)(3) Written plan for supervision including cot placement and evacuation
- 151. (b)(4) Children in care no more than 12 hrs. in 24
- 152. (b)(5) Staff awake and available
- 153. **SLEEP PROVISIONS**
 - (b)(6) Individual cot/crib with bedding
 - (b)(6)(A) Sleeping apparel/toiletries labeled
 - (b)(6)(B) Required bedding
 - (b)(6)(C) Required toiletries
 - (b)(6)(D) Bedding/sleeping apparel laundered weekly
 - (b)(7) Sleep arrangements for infants
- 154. (b)(8) Air temp 65 °F at 3 ft
- 155. (b)(9) Fire marshal approval-hours specified
- 156. (b)(10) Local health approval

- 171. (a)(1) Written policies and procedures
- 172. **STAFF TRAINING**
 - (b)(1)(A) Staff training – first aid
 - (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
 - (b)(2) Training updated at least every 3 years
 - (b)(3) Written documentation of training
 - (c)(2) Trained staff on site when child is present
 - (c)(3) Self-administration - written authorization and under supervision of trained staff
- 173. (d)(1) Equipment provided by parents
- 174. (d)(2) Equipment labeled and inaccessible
- 175. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 176. (e)(1) Authorized prescriber written order
- 177. (e)(2) Written authorization from parent
- 178. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

ADDITIONAL VIOLATION

- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159. **NONPRESC. TOPICAL MEDICATION**
 - (a)(2) Admin/Parent permission/report errors
 - (a)(3)(A-B) Labeling and Storage
 - (a)(3)(C) Unused/expired meds destroyed/returned
- 160. **MEDICATION TRAINING**
 - (b)(1)(A/C) Medication training-general-oral/top/inhalant
 - (b)(1)(D) Injectable premeasured autoinjector medication
 - (b)(1)(E) Rectal medication
 - (b)(1)(F) Injectable other than premeasured auto-injector
 - (b)(2)(A-B) Training approval documents/certificates
 - (b)(2)(C) Training outline on file
- 161. (b)(3)(A-B) Authorized prescriber/parent permission
- 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 163. (b)(4)(A-B) Medication Administration Records (MAR)
- 164. (b)(5)(A-B) Labeling and Storage
- 165. (b)(5)(C) Emergency medication inaccessible
- 166. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 167. (b)(5)(E) Auto-injector/inhalant equipment
- 168. (b)(6) Self-administration documentation
- 169. (b)(7)(A-B) Petition for special medication authorization
- 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage N/A

180. - n/a Consent Order/Negotiated Corrective Action Plan conditions N/A

DISCUSSIONS - COMMENTS

★ NO violations

SIGNATURE OF OEC STAFF	Betty Mayer
PRINTED NAME	Betty Mayer

	SIGNATURE OF PERSON IN CHARGE
Wendy G.P. Fisher	PRINTED NAME

OEC DIVISION OF LICENSING
 450 Columbus Blvd, Suite 302, Hartford, CT 06103
 Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: n/a	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
--	--